Claim of: Earl Wasserman 417 Oakmont Place Atlanta, GA 30327

For damages allegedly sustained as a result of driving over an unsecured metal plate on November 16, 2009 at 5600 Glenridge Drive, Sandy Springs.

THIS ADVERSED REPORT IS APPROVED

BY:

JERRY L. DELOACH DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFTEY &

LEGAL ADMINISTRATION COMMITTEE

DATE 2/23/10

spokey T



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON MUNICIPAL CLERK

55 TRINITY AVENUE, S.W. SECOND FLOOR EAST **SUITE 2700** ATLANTA, GEORGIA 30335 (404) 330-6030 FAX (404) 658-6273

March 9, 2010

Mr. Earl Wasserman 417 Oakmont Place Atlanta, Georgia 30327

10-R-0372

Dear Mr. Wasserman

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on March 1, 2010. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

honda Lauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>10L0037</u>	Date: <u>January 29, 2010</u>		
Claimant /Victim: Earl Wasserman			
BY:(Atty)(Ins. Co.)			
BY:(Atty)(Ins. Co.) Address: 417 Oakmont Place, Atlanta, GA 30327			
Subrogation: Claim for Property damage \$	122.07 Bodily Injury \$		
Date of Notice: 1/12/10 Method: Wr	ritten, proper X Improper		
Conforms to Notice: O.C.G.A. §36-33-5	X Ante Litem (6 Mo.) X		
Date of Occurrence: 11/16/09 Place	ce: 5600 Glenridge Drive, Sandy Springs		
Department:Bureau:	Office:		
Employee involved:	Office: Disciplinary Action:		
<u>metal plate at the above location. However, the investi</u>	vehicle sustained damage when he drove over an unsecured gation determined that this location is outside of the City of s. The claimant has been advised to pursue his claim with the		
City of Sandy Springs.	s. The claimant has been advised to pursue his claim with the		
Traffic citations issued: City Driver Citation disposition: City Driver BASIS OF RECOMMENDATION:	OthersWrittenOraleX Dept ReportOther Claimant DriverClaimant Driver		
Function: Governmental	Ministerial Damages reasonable		
Improper Notice More than Six Months	Other Damages reasonable		
Repair/replacement by Ins. Co.	Repair/replacement by City Forces		
Claimant Negligent City Negligent	Repair/replacement by City Forces Joint Claim Abandoned		
	Respectfully submitted, INVESTIGATOR – ANGELENA KELLY		
RECOMMENDATION:			
ALEGOMMENDATION:			
Pay \$ Adverse X Account	at charged: General Fund Water & Sewer Aviation		
Claims Manager:	Concur/date 02/10/10		
Committee Action:	Council Action		
/			



	MUNICIPAL CLERK	Mark Date L.C.
	2010 JAN 12 AM 8: 44	
MUNIC City Ha 55 Trin Atlanta Dear M	RE: CLAIM FOR E ICIPAL CLERK fall Today's Date: // a, Georgia 30303 ENTERED - 1-19-10 - SB 10L0037 - A. KELLY Municipal Clerk:	15/09 Kell
This is and/or \$	s to notify the City of Atlanta that I have suffered damages in the amount of \$bodily injury for which I contend the City is liable.	Da property
l.	Date of incident: 11/16/09 2. Time of incident: 6:40 2 3. Police called	: 6:45
4.	Location of incident (including street address): 5600 BLOCK - CHEN E	OSE KOND
5.	Name of your insurance company: <u>BALBOA THS CO</u> Policy No. <u>S</u>	366-00-50-63A
6.	State what and how incident occurred: STAKET DRY - PIGNTIME CONDITIONS DROVE OVER STEEL STREET MAINTENEE CO.	
	INDUE OVER STEEL STREET MAINTENEE CO	NEA NE-
7.	ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE N FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY CRIMINAL PROSECUTION!	faking of Result in
	attach two (2) estimates of repair and proof of ownership of your vehicle.	
	Your vehicle: Son 3007 AV 8973 (420 5 WASSE (Make) (Year) (Tag Number) (Driver's Name)	Eponed .

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months from the date of the event.

HEREBY SWEAR OR AFFIRM THAT THE	EARL S. WAS	
ABOVE INFORMATION IS TRUE AND	(Print Claima	nt's Name)
Signature of Claimant	417 CAMPONT	- pe nw
	(Addres	s)
	ATTASTO, CA	n 30327
	(City, State and	ł Zip Code)
	618-638-1600	404.252
	(Work Number)	(Home Number)

10- R -0372

(Home Number)

		03-01-10
ITEMS ADOPTED ON	ITEMS ADOPTED ON	ITEMS ADVERSED
CONSENT	CONSENT	ON CONSENT
1. 10-O-0275	36. 10-R-0350	42. 10-R-0356
2. 10-O-0276	37. 10-R-0351	43. 10-R-0357
3. 10-O-0277	38. 10-R-0352	44. 10-R-0358
4. 10-O-0278	39. 10-R-0353	45. 10-R-0359
5. 10-O-0279	40. 10-R-0354	46. 10-R-0360
6. 10-O-0289	41. 10-R-0355	47. 10-R-0361
7. 10-O-0290	10 10 0333	48. 10-R-0362
8. 10-O-0291		49. 10-R-0363
9. 10-O-0292		50. 10-R-0364
10. 10-O-0293		51. 10-R-0365
11. 10-O-0294		52. 10-R-0366
12. 10-O-0296		53. 10-R-0367
13. 10-O-0241		54. 10-R-0368
14. 10-O-0307		55. 10-R-0369
15. 10-R-0334		56. 10-R-0370
16. 10-R-0335		57. 10-R-0371
17. 10-R-0390		58. 10-R-0372
19 10-R-0395		59. 10-R-0372
20. 10-R-0407		60. 10-R-0374
21. 10-R-0411		61. 10-R-0375
22. 10-R-0394		62. 10-R-0376
23. 10-R-0396		63. 10-R-0377
24. 10-R-0338		64. 10-R-0378
25. 10-R-0339		65. 10-R-0379
26. 10-R-0340		66. 10-R-0380
27. 10-R-0341		67. 10-R-0381
28. 10-R-0342		68. 10-R-0382
29. 10-R-0343		69. 10-R-0383
30. 10-R-0344		70. 10-R-0384
31. 10-R-0345		71. 10-R-0385
32. 10-R-0346		71. 10 R 0303
33. 10-R-0347		
34. 10-R-0348		
35. 10-R-0349		